

Pierson Library
5376 Shelburne Road
Shelburne, VT 05482
802-985-5124

Volunteer Application

I. Personal Information

Date: _____

Name: _____
Last First

Address: _____
Street

City State Zip
Telephone: _____

E-mail: _____

II. Employment Information

Current/Previous Employer: _____

Position / Title: _____

Duties Include: _____

Other Employment Experience: (briefly describe) _____

III. Education Information

High School: ___ Diploma ___ GED

Current School Attending: (If Any) _____ Grade: _____

Circle highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12
Undergraduate Post-Graduate Doctorate

Please list all degrees: _____

IV. Volunteer Information

Have you ever volunteered before? _____ If so, where? _____

Brief description of duties: _____

How did you hear about the Library's volunteer program: _____

Please note the skills, abilities below that are applicable to you:

___ Previous Library Work ___ Knowledge of/work with historical material

___ Computer Work ___ Experience with electronic resources

___ Typing / Word Processing ___ Knowledge of Foreign Language

Please List: _____

Other Special Interests: _____

Other organizations for which you **currently** volunteer _____

Physical Limitations: _____

What type of volunteer work are you interested in doing?

Shelving books
Shelf reading

Cover new books
Inventory

Repair books
Help with children's/adult's programs

Other _____

Days and Times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
	10:00-1:00		10:00-1:00		
10:00-1:30	1:00-5:00	10:00-1:30	1:00-5:00	10:00-1:30	10:00-12:30
1:30-5:30	5:00-8:00	1:30-5:30	5:00-8:00	1:30-5:30	12:30-3:00

If no regular shift is currently available, would you be interested in being a substitute?

_____ Yes _____ No

VI. Background Information

Have you ever been convicted of a felony or misdemeanor other than traffic violations?

___ Yes ___ No If so, please list: _____

Professional Reference: _____

Telephone: _____

Home

Business

Cell/Other

Personal Reference: _____ Relationship: _____

Telephone: _____

Home

Business

Cell/Other

VII. Emergency Contact Information

Emergency Contact #1: _____

Telephone: _____
Home Business Cell/Other

Emergency Contact #2: _____

Telephone: _____
Home Business Cell/Other

Confidentiality Agreement

I understand that it is the policy of The Pierson Library to protect the privacy of those who use the library. I agree to hold all information about library members in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from the Library's Volunteer Services Program.

Printed Name: _____

Signature: _____

Date: _____

*****FOR OFFICE USE ONLY*****

_____ One Hour Orientation completed and Volunteer Handbook distributed

_____ First scheduled shift completed

_____ Second scheduled shift completed